Yes No	TH OF THESE QUESTIONS at not be disclosed. Have you excluded will because they meet all three tests for	- ANSWER BOTH OF THESI er "excepted trusts" need not be disclosed. I pouse or dependent child because they men	IST INFORMATION nittee on Ethics and certain other endent child? ned" income, or liabilities of a service.	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTION TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child? EXEMPTION - Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for
	COMPLETE		I INCLUDES ONLY THE SCHEDULES THAT YOU ARE	THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE
Yes	n \$5,000 from a r years?	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	Yes V No S	In Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?
Yes	arrangement with an the current calendar	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	Yes	C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?
Yes No	ng the reporting ugh the date of filing?	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes No P	A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?
		IONS	OF THESE QUEST	PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS
A \$200 penalty shall be assessed against any individual who files more than 30 days late.	A \$200 penalty shi individual who file	Period Covered: January 1,	Staff Filer Type (If Applicable): Shared Principal Assistant	New Officer or Employee St. Employing Office:Sh
U.S. HÜÜSE DE REPRESEATATIVES (Office Use Only)	W.S. Röüse	Check if Amendment	25 A	New Member of or Candidate for State:
18 JUN 11 AM II: 42		one:	Daytime Telephone:	Name: Many Pallant
	UN UE 2018.	FORM B For New Members, Candidates, and New Employees	_	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Etrade "		Stade Farm Bank	C) all a Schuab	ABC Hedge Fund X	Examples: Simon & Schuster	SP, DC, Maga Corp Stock ElF	For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts. For rental and other real property held for investment, provide a complete address or description, e.g., frental property, and a city and state. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you report a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	income during the year. Provide complete names of stocks and mutual funds (do not use only ticker symbols).	Identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in 'unearned'	Assets and/or Income Sources	BLOCK A	SCHEDULE A – ASSETS
X	Y	*	*	×	Indefinite	×	None > \$1-\$1,000 ∞ \$1,001-\$15,000 ○ \$15,001-\$50,000 □ \$50,001-\$100,000 Im \$100,001-\$250,000 □ \$250,001-\$1,000,000 □ \$1,000,001-\$5,000,000 □ \$1,000,001-\$25,000,000 □ \$25,000,001-\$25,000,000 □ \$25,000,001-\$25,000,000 □ \$25,000,001-\$25,000,000 □ \$25,000,001-\$25,000,000 □ \$25,000,001-\$25,000,000 □ \$25,000,001-\$25,000,000 □ \$25,000,001-\$25,000,000 □ \$25,000,001-\$25,000,000 □ \$25,000,001-\$25,000,000 □			indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting period and is included only because it generated income, the value should be	Value of Asset	BLOCK B	ASSETS & "UNEARNED INCOME"
*	×	<u> </u>	×	Partnership fncome	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		st be dis In taxabl Isset ger ting perio	Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if	Type of Income	вгоск с	Name: $\mathcal{M}(\mathcal{A})$
*	*	× /	ス を ス 、 た	x	×	*	None		Per Column XII is for assets held by your spouse or dependent child in which you have no interest.	Its For assets for which you checked "Tax-Defemed" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. Dividends, Interest, and cycleptal gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. (c) Check "None" if no income was earned or generated.	Amount of Income	BLOCK D	ry (Pa) a m Page 2 of 5

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Name: MANY PANAM

SCHEDULE A - ASSETS & "UNEARNED INCOME"

SCHEDULE C - EARNED INCOME

Name: MMY Pallant Page 4 of 5

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2017 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

pionessional services involving a nouclary relationship) are totally profitorized to members and service said	statt.		
Company (in plants of recognity for homogenic)	1	Am	Amount
Source (include date of receipt for nonolaria)	lype	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
Examples: Civil was or man jumps. Civil was or man jum	Spouse Speech Spouse Salary	\$0 80	\$1,000 N/A
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SCHEDULE D - LIABILITIES

Name: Page_ 앜

liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child. period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting

					SP, DC, JT		
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				5/98	Date Liability Incurred MO/YR		
	Star Mart Tries	Anto Joan	Ando Jura	Mortgage on Rental Property, Dover, DE	Type of Liability		
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SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

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SCHEDULE F - AGREEMENTS

AGREEMENTS	Name:	Pageof
to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service;	espect to: future employment; a leave of absence during the period o	of government service;
if payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or i		senefit plan maintained by a former

Identify the da continuation of employer.	ate, parties to, and general terms of any agreement or arrangement that you ha or deferral of payments by a former or current employer other than the U.S. gov	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.
Date	Parties to Agreement	Terms of Agreement
	NA	

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

grant and any morning of contract of contract and any any or or or	grammer and investment of the control of the contro
Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services
NA	

Use additional sheets if more space is required.

FILER NOTES (Optional) NOTE NUMBER NOTES

Name:

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